




Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/436,135	VAN GUNTER ET AL.	
	Examiner	Art Unit	
	Kyung H. Shin	2143	

ISSUE CLASSIFICATION										
ORIGINAL					CROSS REFERENCE(S)					
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
709		229			709	238	225			
INTERNATIONAL CLASSIFICATION					713	185	153	200	201	
G	0	6	F	15/16						
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Kyung H. Shin 1/5/06 (Assistant Examiner) (Date)		 DAVID WILEY SUPERVISORY PATENT EXAMINER (Primary Examiner) (Date) TECHNOLOGY CENTER 2100	Total Claims Allowed: 13	
 (Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 6

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		121		151		181
2	2		32		62		122		152		182
3	3		33		63		123		153		183
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5	5		35		65		125		155		185
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27	27		57		87		147		177		207
28	28		58		88		148		178		208
29	29		59		89		149		179		209
30	30		60		90		150		180		210

SERIAL NUMBER 09/436,135	FILING DATE 11/09/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET NO. 200310
APPLICANT DAVID VAN GUNTER, REDMOND, WA; LESTER L. WATERS, SEATTLE, WA. **CONTINUING DOMESTIC DATA***** VERIFIED <u>No</u> <u>KHS</u> **371 (NAT'L STAGE) DATA***** VERIFIED <u>No</u> <u>KHS</u> **FOREIGN APPLICATIONS***** VERIFIED <u>No</u> <u>KHS</u>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/02/99				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>KHS</u> <u>Kyung R. Shin</u> <small>Examiner's Initials</small> <small>Initials</small>		STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 15 13
ADDRESS LEYDIG VOIT & MAYER LTD TWO PRUDENTIAL PLAZA SUITE 4900 180 NORTH STETSON CHICAGO IL 60601-6780		INDEPENDENT CLAIMS 2		
TITLE SYSTEM AND METHOD OF USER AUTHENTICATION FOR NETWORK COMMUNICATION THROUGH A POLICY AGENT				
FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	